







Research Article

Reigniting the Flame: Moving from Burnout Toward Resiliency at an NCI Comprehensive Cancer Center

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Abstract

Introduction: Resilience and burnout are current healthcare buzzwords. Accelerated by the COVID-19 pandemic, efforts to create programming to improve healthcare worker resilience while minimizing burnout symptoms in the workplace environment have increased exponentially. Informal, grassroots effort gave rise to a robust resiliency committee and the development of a Division of Employee Resiliency entirely dedicated to building employee resilience and preventing burnout at Roswell Park Comprehensive Cancer Center, in Buffalo, NY. **Methods:** Qualitative data was obtained through conversations with multidisciplinary staff members to understand organizational strengths and growth areas. The Mini-Z 2.0 survey was offered to all employees to understand the experience of joy at work, supportive environment, and pace and stress. **Results:** Qualitative findings indicated that while serving patients and focusing on the mission are consistently identified strengths, concerns about workload, recognition, work relationships, fairness, autonomy, and values conflicts exist. Quantitatively, scores on the Mini-Z suggests that employees do not experience a joyful workplace, working in a under supportive environments, do not have manageable stress and pace, and experience burnout symptoms. **Discussion:** A strategic approach combines individual interventions with programmatic and organizational initiatives designed to support systemic change. As burnout and moral distress remain high due to evolving stressors and challenges, tracking burnout, and implementing system-level change, based upon quantitative data and qualitative accounts, may improve workplace culture, promote individual resilience, and improve patient outcomes.

Keywords

Resilience, Burnout, Well-Being, Healthcare Workforce

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Received: 29 July 2024; **Accepted:** 20 August 2024; **Published:** 6 September 2024



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1. Introduction

Oncology healthcare workers (HCWs) who do the extraordinary and challenging work of caring for extremely ill, and sometimes dying, cancer patients are at considerable risk for burnout, compassion fatigue, and moral distress. Focusing on HCW emotional wellness is critical for decreasing errors, improving patient health outcomes, and reducing staff turnover. The COVID-19 pandemic that quickly transformed healthcare in early 2020 further emphasized a myriad of difficulties that front-line oncology HCWs experience due to high rates of infection and death, financial hardships, stress, and fear leading to detrimental effects on wellbeing. Importantly, it rapidly elevated the necessity to address employee resilience at our institution, Roswell Park Comprehensive Cancer Center (Roswell), a National Cancer Institute (NCI), located in Buffalo, NY.

Burnout includes emotional exhaustion, depersonalization, and lack of personal accomplishment at work [1]. The World Health Organization (WHO) defines burnout as a syndrome resulting from chronic workplace stress that has not been successfully managed [2]. In a study of US surgeons, 9% reported making a medical error in the previous three months and related the error to burnout and quality of life factors [3]. The established literature indicates that burnout is more common among physicians, due to a variety of factors, when compared to other workers in the United States, and it is estimated that 50% of physicians experience burnout at some point [4-6]. Compassion fatigue may be a contributing factor to burnout in nurses [7].

The international impact of burnout in health care systems globally has been examined [8-10]. Burnout in front-line workers has intensified since the start of the COVID-19 pandemic [11-13]. As a result, several interventions have been evaluated to mitigate burnout at the individual level, and most importantly, at the organizational level [14, 15]. Changing the work environment and offering more support must be part of the solution.

Six burnout drivers have been shown to conceptualize and organize systems-level foci (e.g., workload, real/perceived fairness, real/perceived autonomy, relationships, recognition, values mismatch) [1]. Understanding both systemic stressors and individual resilience capabilities is necessary to promote wellness in those working in healthcare [16]. Even though scores reflected positive trends (e.g., less burnout symptoms), ongoing longitudinal studies examining physician burnout suggest that “physicians remained at roughly 40% higher risk of occupational burnout than workers in other fields and were 30% less likely to be satisfied with WLI (work life integration) on adjusted analysis controlling for differences in work hours and other variables” [6].

Founded in 1898, our institution is the world’s first comprehensive cancer center focusing on cancer research and offering excellent cancer care for over 125 years. Just shy of 4,000 employees, including 359 faculty and 845 nurses,

Roswell’s campus houses an inpatient hospital, ambulatory services, and a research institute. Our institution has continued to be a powerful force against cancer bringing together the knowledge and skills of multi-disciplinary care while offering innovative therapies.

In 2017, Roswell started a grassroots Staff Resiliency Task Force in response to employee, trainee, and student needs. Over five years, the task force grew into a robust interdisciplinary Employee Resiliency Committee (RC) to discuss complex factors that influence professional wellbeing, resiliency, moral distress, and burnout. Prior to the COVID-19 pandemic, the RC offered discipline-specific programs to support overall wellbeing, while encouraging more effective communication across the organization. Initial efforts to understand burnout rates across the organization were implemented during the COVID-19 pandemic. Results suggested that employees, trainees, and students were at risk for burnout.

To understand and meet the growing concerns of Roswell’s HCWs, the RC wrote a strategic plan, including a SWOT (Strengths, Weaknesses, Opportunities, Threats), and made the case for financial and organizational support from the executive team to form the Division of Employee Resiliency under the leadership of the Chair of the Department of Palliative and Supportive Care in 2022. Funding was obtained to recruit and hire a clinical psychologist, as the director, to oversee a resiliency coordinator, provide programming and support, and supervise two Employee Assistance Program (EAP) Coordinators who offer assessment, referrals, and education to employees and their families. Ultimately, in response to HCW chronic stress, the focus of the division is to assess burnout, address individual and organizational resilience, support HCWs coping with moral distress, and provide resources and programming to promote overall HCW wellbeing.

2. Methods

To understand HCW needs and formulate programming, the division used a mixed methods approach collecting qualitative and quantitative data to assess organizational strengths, burnout drivers, and potential burnout rates. Because this is a quality improvement project, human subjects review, or Institutional Review Board (IRB) approval was not required.

Qualitatively, the director, who was new to the organization, held 120 conversations with senior leaders, middle managers, front-line HCWs, and support staff between June and September of 2022. Individuals were chosen for interviews based upon their knowledge of the institute, leadership position, interest in the topic, and by snowball techniques (e.g., an interviewee suggesting another person to talk with). Two main questions were asked, “what’s going well” and “what are the pebbles’ in employees’ shoes” to understand organizational strengths and areas for improvement. Handwritten

notes of the interviews were taken. Thematic analysis was conducted, and responses were categorized into organizational strengths, impact of the pandemic, large-scale employee asks, burnout drivers, and high-level concerns that did not fit the burnout drivers.

In December 2022 through February 2023, an invitation to complete a formalized burnout tool was emailed to all employees. The Information Technology (IT) department sent out approximately five hundred emails every Friday for eight weeks inviting employees to take the Mini-Z 2.0 survey via embedded link. This survey is a validated and brief tool developed by Mark Linzer, MD for use with HCWs to survey work environments. [17] Those who took the survey could review their results, learn about resources, and refer themselves directly to EAP services via private messaging. A dashboard was created by the IT department to categorize responses via demographics, positions/roles, specific screener questions, overall “joy at work,” and subscales for manageable workplace stress and pace, and workplace support. The initial survey was closed after 12 weeks.

3. Results

Qualitative interview data suggest organizational strengths include employees “showing up for the patients” and being mission driven. Strong clinical expertise, departmental collaboration, mentoring, and training were also identified strengths. The COVID-19 pandemic reportedly had both positive and negative consequences. For example, technology was enhanced and participating in telehealth visits improved patients’

experiences. However, relationships reportedly deteriorated and remote work proved challenging for some clinical and non-clinical departments. Large scale requests from employees included Electronic Health Record (EHR) upgrades, increased childcare around the campus, and workout space. The six burnout drivers (e.g., pebbles in employees’ shoes) are reported in Table 1. Higher-level concerns included work happening in siloes, communication struggles common to most large 24/7 organizations, and concerns about local racism.

The Mini-Z survey elicited 1,058 responses, over a total of 12 weeks, out of approximately 4,000 employees for a response rate of about 26%. Out of the total surveys obtained 4% were from MDs, 6% were from APPs, and 20% were from Nurses. Results of the primary scale (e.g., Joy at Work), subscale 1 (e.g., Workplace Support), subscale 2 (e.g., Manageable Stress and Pace) are reported in Table 2, and the specific question asking about self-defined burnout symptoms are reported for MDs, APPs, and Nurses in Table 3. MDs scored higher than APPs and nurses on experiencing joy at work, workplace support, and manageable stress and pace; however, they also self-reported the most burnout symptoms based on responses to the burnout question. APPs reported the lowest on experiencing joy at work, workplace support, and manageable stress and pace; however, self-reported the least amount of burnout symptoms. Nurses consistently scored between MDs and APPs regarding experiencing joy at work, workplace support, manageable stress and pace, and burnout symptoms.

Table 1. Organizational Burnout Drivers.

Workload	Real/Perceived Fairness	Recognition	Real/ Perceived Autonomy	Relationships	Values Mismatch
Unsustainable workloads	Traditional physical health care hierarchy	Feel “not valued”	Fear of unknown during leadership turnover	Teams with inconsistent leadership not supported	Dissonance between advertising & reality
Limited shift breaks	Salary/ Bonuses	Inconsistent discipline celebrations	Inability to participate in decision-making	Decreased empathy & respect	Inconsistent messaging about wellness/resiliency
Complex policies & procedures	Lack of standardization for building teams	Unclear path for promotions	High micro-management	Lack of teamwork	Lack of wellness behaviors modeled
EHR antiquity	Inconsistent time off/ training time	Lack of victory celebrations	Antiquated systems have failing workarounds		Stigma
Lack of transparency in communication	Night shift/affiliate sites do not have same programming	Compensation program do not understand culture			
Lack of accountability	Graduate student struggles				

Table 2. Mini-Z Results.

	Joyful Workplace	Highly Supportive Workplace	Manageable Stress & Pace
MDs (n=40)	15%	33%	15%
APPs (n=64)	9%	16%	3%
Nurses (n=210)	13%	21%	11%

Table 3. Mini-Z Results: Burnout Question.

Using your own definition of burnout, please select one of the following	MDs	APPs	Nurses
I enjoy my work. I have no symptoms of burnout.	5%	16%	3%
I am under stress and don't always have as much energy as I did, but I don't feel burned out.	10%	22%	21%
I am definitely burning out and have 1 or more symptoms of burnout.	45%	28%	40%
The symptoms of burnout that I am experiencing won't go away. I think about work frustrations a lot.	20%	25%	24%
I feel completely burned out. I am at the point where I may need to seek help.	20%	9%	12%

4. Limitations

While all employees had the opportunity to take the Mini-Z, the study may be limited by self-selection bias. Efforts were made to interview a diverse group of employees from a variety of clinical and non-clinical departments. Those who participated may not have provided true representation of our institution's strengths and growth areas.

5. Discussion

Working with complex patients diagnosed with cancer may present unique challenges to HCWs as indicated by these findings. Additionally, our institution was not immune to the complications that the COVID-19 pandemic caused its workforce. To this end, the case was made to develop a formal division solely devoted to employee resilience and burnout prevention.

Quantitative and qualitative data suggest that employees at our institution could benefit from targeted interventions. Since resiliency/burnout prevention program efforts are not "one-size-fits-all" interventions, initial programming fell into the following quadrants: individual/facilitated, individual/self-directed, group/facilitated, and group/self-directed. Individual programming (e.g., yoga, Reiki, breathing, etc.) incorporated self-care into the workday. Dedicated spaces (e.g., Recharge Rooms) offer calming environments for employees needing time to self-regulate. Protected time during the day for retreats and teambuilding activities offer opportunities to cultivate relationships, especially those disrupted

during the COVID-19 pandemic. Focus groups and debriefing sessions identify the needs of certain disciplines (e.g., physicians) and offer peer connection. Visiting inpatient units through Adopt-A-Unit (e.g., supportive listening and distributing self-care items) and Code Lavender (e.g., code called on staff members to obtain extra support) demonstrate support for various departments and provide direct services to employees where they are working.

Additionally, efforts between the resiliency division and the organizational development (OD) department are naturally aligned and coordinated. Trainings in Emotional Intelligence (EI) were developed collaboratively and are offered quarterly. The director is involved with the organization's High Reliability Organization (HRO) efforts. This includes helping leaders gain understanding and skills focusing on enhancing team communication and interpersonal relationships while supporting Fair and Just Culture efforts. Annual Press Ganey Employee Engagement survey results are shared with the director to help brainstorm solutions and interventions for areas of concern.

Anticipatory division challenges have been identified. Starting a new division requires resolute personnel, strategic planning, and financial resources. Immediate success may not be experienced, therefore, realistic expectations for success and culture change are necessary. Scaling up efforts need to be carefully planned. Also, for organizations operating on 24/7 schedules, facilitated programming may need to occur during non-typical work hours. Interventions need to focus first on cultivating resilience, with the overall goal of decreasing burnout symptoms. This includes offering programs and educational opportunities in line with evidence-informed

or evidence-based practices. Stigma regarding this type of work within healthcare settings still exists. Traditionally, physical healthcare settings have developed cultures where stress and emotional responses to the work have been discredited. Finding champions is essential and focusing efforts on departments open to change is crucial for initial success. Additionally, balancing productivity requirements and employee wellbeing is an ongoing conversation.

Attention to organizational and systemic burnout drivers is key to the division's success as offering stand-alone resiliency-building activities are not sufficient for managing employees' risks of burnout (e.g., meditation does not fix a faulty EHR). Messaging needs to be clear that employees are not at fault for having "low resilience", rather, the organization desires to foster wellbeing and decrease burnout through improved systems. Tackling more complicated drivers of burnout will occur during the next few years. Ideas include dedicated resiliency champions in all departments; standardizing templates in the EHR to include lunch breaks and documentation time; and enhancing recognition efforts. Other areas for consideration include developing programming and interventions for employees who work remotely and for those working outside of typical business hours. It is the intent to minimize program inequities through scheduling activities during evening shifts, recording webinars, and providing supplies to affiliate sites for team building and supportive activities. Additionally, the division has initiated work with the IIT department to evaluate Work-Outside-Work (WOW) activities. (e.g., EHR usage amounts and times used). Related end-user inefficiencies may be uncovered, and trends will be monitored to understand areas for process improvement.

6. Conclusions

Building relationships across all levels of the organization is crucial in understanding employees' needs. Once understood, strategic interventions can be matched to the identified needs. While increased attention has been given to employee wellbeing, stigma still exists. Conversations and education help normalize the importance of focusing on employee wellbeing. Identifying and validating that the language (e.g., resiliency, burnout) is not perfect may help. As there will always be a myriad of competing priorities, managing expectations around culture change is imperative. Modeling how to celebrate small wins reminds employees to pay attention to tiny changes as they continue to focus on the long-term vision. Additionally, using strategic plans and evidence-based frameworks (e.g., AMA's Joy in Medicine program) provide guardrails around the work that is being developed.

7. Implications

Our institution's Division of Employee Resiliency intends to scale-up initiatives through assessment, administrative

support, education, and intervention. It is hoped that efforts will result in positive employee and patient measurable outcomes. Over time, results correlated with these efforts are anticipated to reflect a decrease in burnout risk across the organization and positively affect turnover rates, employee retention, employee satisfaction, and patient care.

Abbreviations

HCW	Healthcare Workers
Roswell	Roswell Park Comprehensive Cancer Center
NCI	National Cancer Institute
WHO	World Health Organization
WLI	Work Life Integration
RC	Resiliency Committee
SWOT	Strengths, Weaknesses, Opportunities, Threats
EAP	Employee Assistance Program
IRB	Institutional Review Board
IT	Information Technology
EHR	Electronic Health Record
OD	Organizational Development
HRO	High Reliability Organization
WOW	Work-Outside-Work

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Amy Gallagher: Conceptualization, Formal Analysis, Investigation, Methodology, Project administration, Resources, Validation, Writing – original draft, Writing – review & editing

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Christina Crabtree-Ide: Data curation, Methodology, Validation, Writing – review & editing

Amy Case: Conceptualization, Formal Analysis, Funding acquisition, Investigation, Methodology, Project administration, Resources, Supervision, Validation, Visualization, Writing – original draft, Writing – review & editing

Conflicts of Interest

The authors declare no conflicts of interest.

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